

**City of Blue Lake Parks & Recreation  
2011 Winter Break Youth Camp**

**REGISTRATION FORM**

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PRIMARY PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

**LIABILITY WAIVER**

*I hereby give my permission to allow my child named above to participate in the activities offered by Blue Lake Break Camp. Department, and all employees from any and all injuries, physical and mental, that occur and/or are alleged to occur to my child named above during activities my child undertakes on his/her own or participates in while attending the Blue Lake Break Camp, including those offered during extended care hours. I understand that the City be held free and harmless from any and all liability claims, demands, damages, costs, and expenses resulting from participation in the activities at Blue Lake Break Camp, including those offered during extended care hours.*

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**PROGRAM INFORMATION**

**General Information:** Blue Lake Break Camp is a fun and exciting youth recreation program taking place at Prasch Hall. Activities focus on arts and crafts, fun games, sports and skating.

**Program Days/Hours:** Blue Lake Break Camp is offered Monday-Wednesday, December 19<sup>th</sup> – December 21<sup>st</sup> and Monday-Friday, December 26<sup>th</sup>-30<sup>th</sup>, from 9:00 am- 5:00 pm. Extended care is available from 8:30 am- 9:00 am and from 5:00 pm- 5:30 pm daily.

**Program Fees:** Blue Lake Break Camp offers different registration options to accommodate today's busy family schedules. Half day options allow attendance from either 9:00 am- 1:00 pm or 1:00 pm- 5:00 pm.

<b><u>Registration Option</u></b>	<b><u>Non-Resident Fee</u></b>	<b><u>Discounted Resident Fee</u></b>
Daily Full Day	\$24.00	\$20.00
Daily Half Day	\$15.00	\$12.00
Extended Care AM or PM Daily	\$5.00	\$4.00

**PROGRAM REGISTRATION**

Monday, December 19th	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<b>Extended Care:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday, December 20th	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<b>Extended Care:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday, December 21 <sup>st</sup>	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<b>Extended Care:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
Monday, December 26th	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<b>Extended Care:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday, December 27th	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<b>Extended Care:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday, December 28 <sup>th</sup>	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<b>Extended Care:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday, December 29th	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<b>Extended Care:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
Friday, December 30th	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<b>Extended Care:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM

**For Office Use Only**

**Registration Fees:** Paid \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check Number(s) \_\_\_\_\_ (If cash, write "cash")

### **ADDITIONAL INFORMATION**

**Will your child be allowed to walk home at the end of their camp session?** ☐ Yes ☐ No

*Note: If yes, our staff will release your child to walk home at the end of their attendance session only (i.e., they will not be allowed to leave early without your permission); they will be required to sign themselves out and note the time.*

**Will you or someone you designate be picking up your child at the end of their camp session?** ☐ Yes ☐ No

*If yes, please list all persons allowed to pick up your child below, including yourself:*

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

*Note: We will not release your child to anyone other than those persons listed above without your advance permission. Please let us know, in advance, if your list of authorized persons needs to include others and/or disallow someone named above from picking up your child.*